7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32403

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 9171

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days 0 (Specify whether years, months or days)

In this community 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St Louis 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4623 So. Broadway.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edward Buddenbaum

3. (b) If veteran, name war no.

3. (c) Social Security No. —

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife BERTHA L

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased DEC (Month) 1 (Day) 1879 (Year)

8. AGE: Years 64 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace METROLIS ILL. 1 (City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE.

11. Industry or business _____

FATHER
12. Name UNKNOWN
13. Birthplace _____ (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name _____
15. Birthplace _____ (City, town, or county) 9 (State or foreign country)

16. (a) Informant L. C. BRANNER
(b) Address 5423 GRAVOIS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL

18. (a) Signature of funeral director OSCAR J. HOFFMEISTER
(b) Address 4816 CHIPPEWA

19. (a) OCT 30 1944 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1944 hour 6 minute 40 p. M.

21. I hereby certify that I attended the deceased from OCT. 17, 1944, to OCT. 27, 1944; that I last saw him alive on OCT. 27, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	
Due to Anterior myocardial infarction	
Due to 94 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury _____

23. Signature F. R. Bradley (M. D.)
Address Barnes Hospital, Date signed _____

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(Licensed Embalmer's Statement on Reverse Side)

9171

9171

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Guy Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.